Serial No. 09/204,388 Docket No.: DN-03 In re application of: Steven Jecha Tille: ADMINISTRATION AND SEARCH AND REPLACE OF COMPUTERIZED PREPRESS Contact: Robert Dulancy, Reg. No. 28,071 Telephone: (781) 890-8434 ext. 160 Sheet: 1 of 20

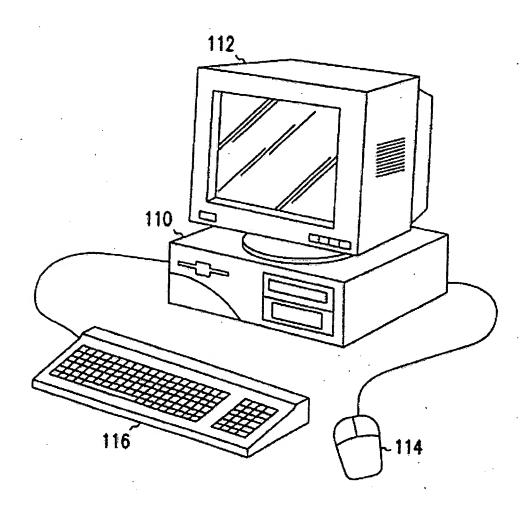


FIG. 1

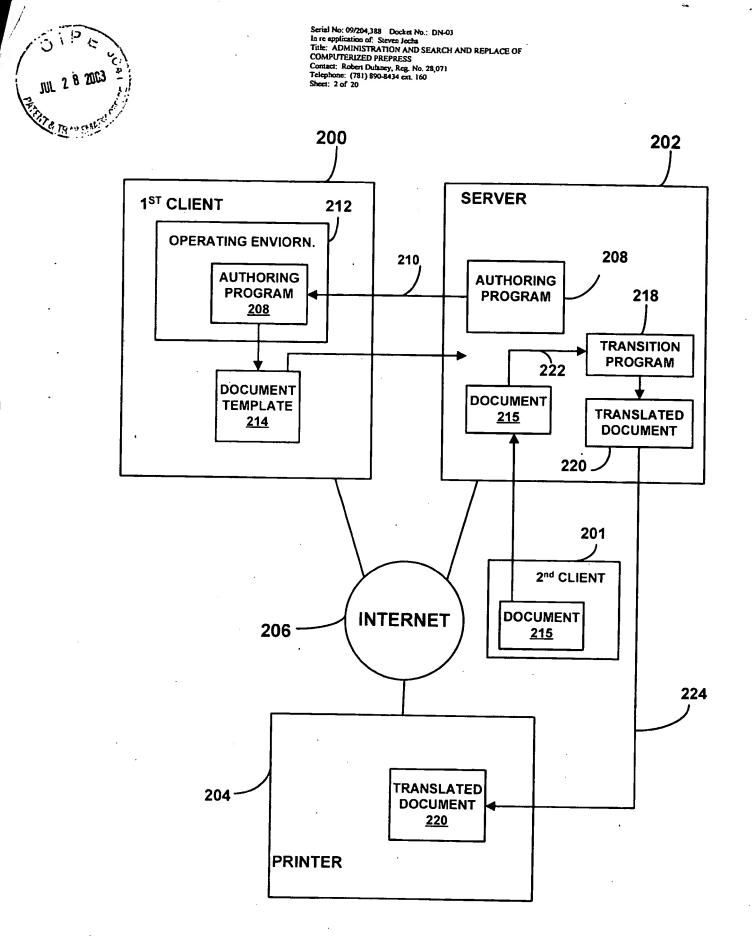


FIG. 2

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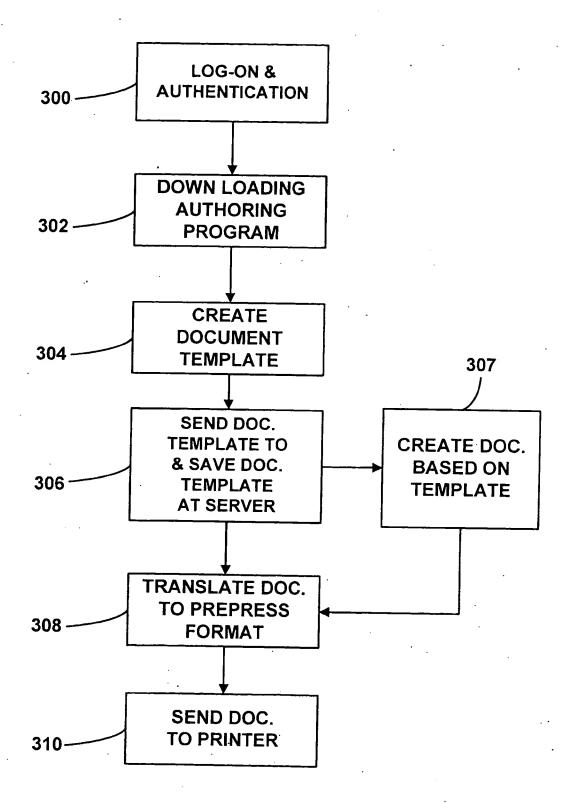


FIG. 3

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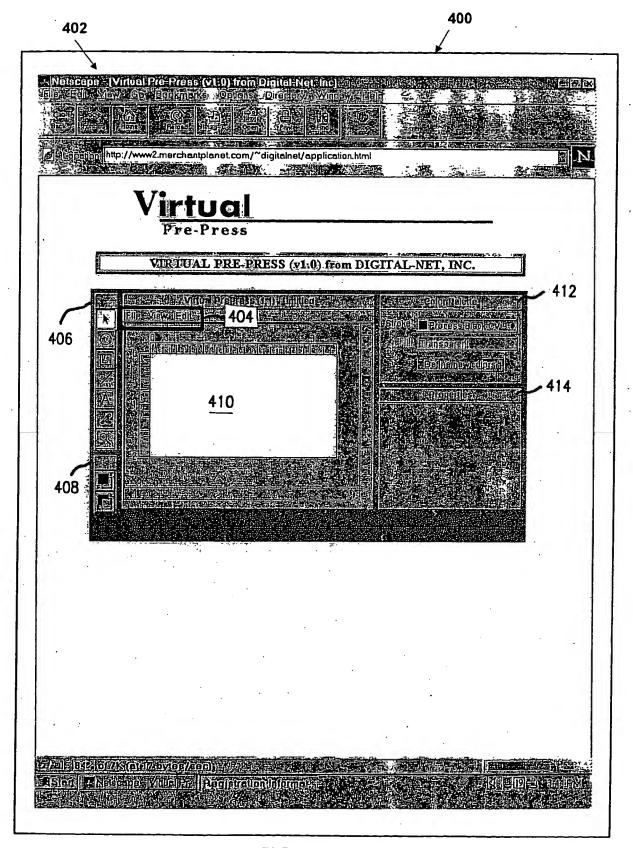


FIG. 4a

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Tütle: ADMINISTRATION AND SEARCH AND REPLACE OF
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FIG. 4b

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FIG. 4c

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Senal No. 09/204,388 Docket No.: DN-03
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FIG. 4d



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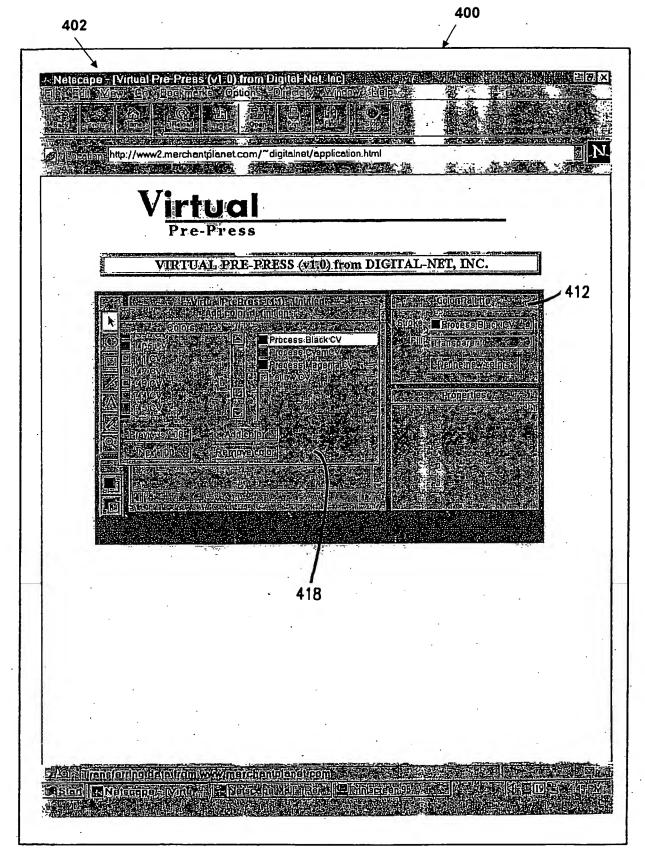


FIG. 4e

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Tüle: ADMINISTRATION AND SEARCH AND REPLACE OF
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FIG. 4f

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Contact: Robert Dulancy, Reg. No. 28,071
Telephone: (781) 890-8434 ext. 160
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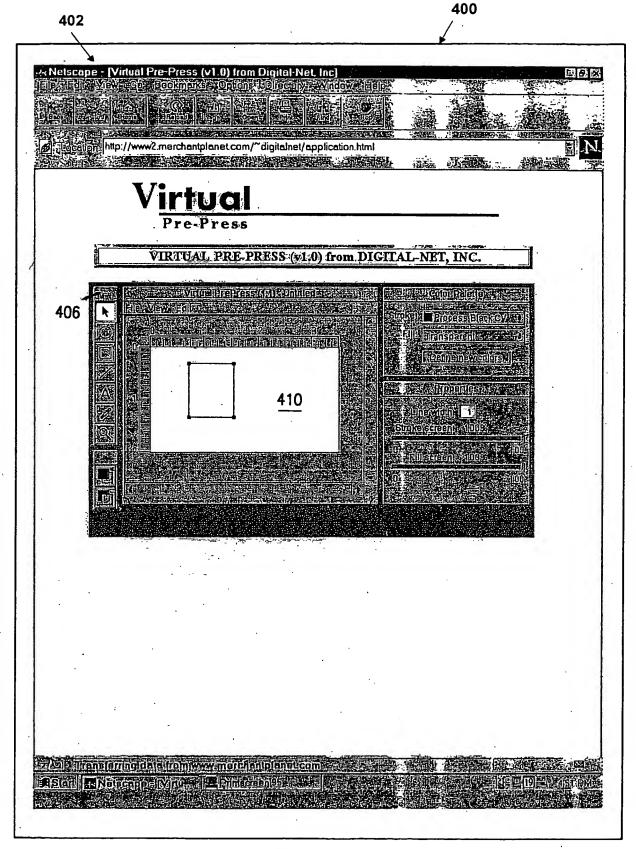


FIG. 4g



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402 callons http://www2.merchantplanet.com/~digitalnet/application.html VIRTUAL PRE-PRESS (v1.0) from DIGITAL-NET, INC. 406 <sup>1</sup> 410

FIG. 4h



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Sheet: 12 of 20

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FIG. 4i

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FIG. 4j

Serial No: 09/204,388 Docket No.: DN-03 In re application of: Steven Jecha Title: ADMINISTRATION AND SEARCH AND REPLACE OF COMPUTERIZED PREPRESS Contact: Robert Dutaney, Reg. No. 28,071 Telephone: (781) 890-8434 ext. 160 Sheet: 14 of 20

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402 http://www2.merchantplanet.com/~digitalnet/application.html irtua VIRTUAL PRE-PRESS (v1:0) from DIGITAL-NET, INC. CONTRACTOR DESCRIPTION 406 410

FIG. 4k



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Sheet: 15 of 20

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**FIG. 4**1

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Title: ADMINISTRATION AND SEARCH AND REPLACE OF
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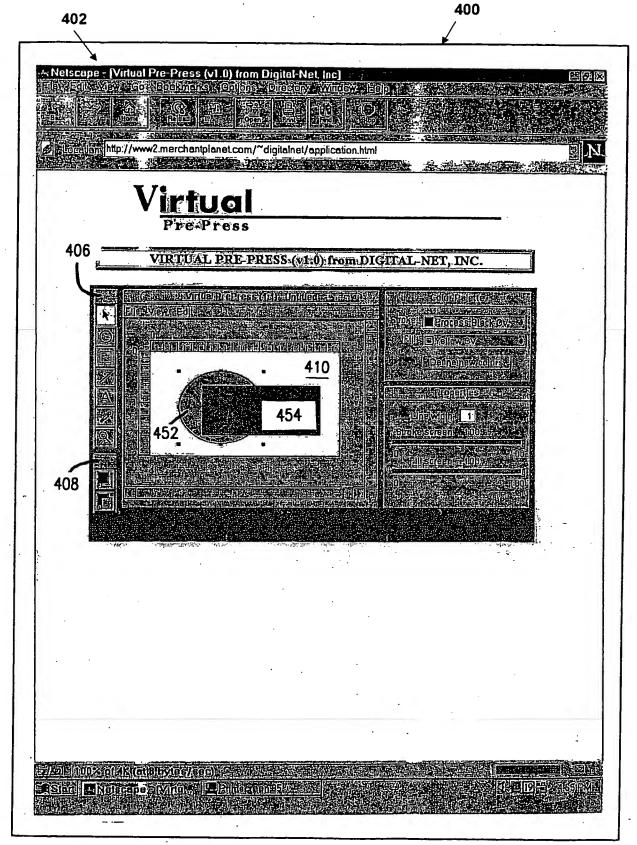


FIG. 4m

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THE DELT TET VESS DOSIN	RANCE COMPANY ness Card Ordering System
Click here for <u>Instructions</u> )	
G G	LOBAL INSURANCE COMPANY
	FName Mintitial LName Title or Position
X STATE OF THE STA	1234 Main Street, Suite 56 503 Anytown, MN 55000 USA
	Tel (123) 456-7890 Fax (123) 456-0000 E-mail FNLName@globalins.com
ease Fill out the following fo	orm with information as you wish it to appear on your business
ird.	
ard. eave fields blank that do not	tapply.
eave fields blank that do not	tapply.
eave fields blank that do not EMPLOYEE INFORM First Name:	tapply.  IATION  504
eave fields blank that do not	tapply.
EMPLOYEE INFORM  First Name:  Middle Initial:	tapply.  ATION  504
EMPLOYEE INFORM  First Name:  Middle Initial:  Last Name:	tapply.  ATION  504  √506  508  √510



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Division/Dept.:	<b>→</b> 512
Address:	
Suite/Number: (optional)	516
City:	<b>─── 518</b>
State:	
Zip/Postal Code:	522
Email:	Email Format: finitial.last@globalins.com
Please Fill in your 1	elephone numbers. Leave fields blank that do not apply.
Name:	Number:
Telephone 4	(
Fax-402-108	(
' empty-	(
empty_ car	() Ext:
	Figure Card
(Preview Card)	520
	528
	·
	502 <u>500</u>
•	

FIG. 5b



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	GLOBAL INSURANCE CO	MPANY	
L	Virtual Pre-Press Business Card Orde	ering System	
(C	Click here for <u>Instructions)</u>		
	GLOBAL INS 532 530	Michael Johnson National Sules Manager 2002 Sibley Avenue, Suite 100 Saint Paul, MN 55101 USA Tel [123] 456-7890 Fox [123] 456-0000 E-mail mjohnson@globalins.com	
Ple	ase review your card shows. This remains a		
*Pro	Evident hitten to proviou the cord seein late	ten you are satisfied with the information shown on	
- 1	EMPLOYEE INFORMATION		
	First Name: Michael .  Middle Initial:	534	
I	Hie or Position: National Sales Manage	er	
	CONTACT INFORMATION		
,			
,	Division/Dept.:		
	Address: 2002 Sibley Avenue		
	Address: 2002 Sibley Avenue		
8	Address: 2002 Sibley Avenue Suite/Number: Suite 100 City: Saint Paul State: HN		
8	Address: 2002 Sibley Avenue Sulte/Number: Suite 100 City: Saint Paul State: HEN  /Postal Code: 55101	534	
Zip.	Address: 2002 Sibley Avenue  Suite/Number: Suite 100  City: Saint Paul  State: MS  /Postal Code: 55101  Email: Email: Format: finitial.last@gle	lobalins.com	
Zip.	Address: 2002 Sibley Avenue  Suite/Number: Suite 100  City: Saint Paul  State: MN  /Postal Code: 55101  Fmall: mjohnson@globalins.com	lobalins.com	
Zip.	Address: 2002 Sibley Avenue  Suite/Number: Suite 100  City: Saint Paul  State: MS  /Postal Code: 55101  Email: Email: Format: finitial.last@gle	lobalins.com	
Zip.	Address: 2002 Sibley Avenue  Suite/Number: Suite 100  City: Saint Paul  State: MS  /Postal Code: 55101  Email: Email: Format: finitial.last@gle	lobalins.com	

FIG. 5c



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Name:	Number:	-		•
Stolestone 17 1/2		(123) 456 - 78	90 Ext:	
		(123) 456-00	00 Ext:	
* Guidant CA 12			Ext:	
Semple of the Se			Ext:	
ORDER & SHIPPING	INFORMATION		PREVIEW	
Number of Cards:			528	
Type: Normal Inter-Office Delivery UPS 2nd Day Air UPS Next Day Air	<b>,</b>		— .	
Deliver to: Address on Business Cards Alternative Address shown	s. below.			
First Name:				
Last Name:		·		
Address:			•	
Address:				•
Suite/Number:				
City:				
State:			,	
Zip/Postal Code:				
VERIFICATION INFORM	ATION			
Cost Center:			r	
Employee I.D.#:				
(Finish)	*			
	-			
				*

FIG. 5d